

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		3				
5		3				
6		3				
7		3				
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	77					
TOTAL CLAIMS	24					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						